

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. File Number U- <u>11452</u> | 2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u> |
| 3. Name and address of person filing. Name <u>Douglas H Robbins</u> P.O. Box, Bldg., Room No., if any <u>P. O. Box 104</u> Street <u>89 Main St</u> City <u>Clark</u> State <u>PA</u> ZIP Code + 4 <u>16113</u> | 4. Name, file number, and address of labor organization. Name <u>Teamsters Local Union No. 261</u> Labor Organization File Number <u>1408 015-399</u> P.O. Box, Building and Room Number, if any <u>R.D.#3, Box A-1</u> Street <u>351 Northgate Circle, Suite A</u> City <u>New Castle</u> State <u>PA</u> ZIP Code + 4 <u>16105</u> |
| 5. Position in labor organization. | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____ |

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Douglas H Robbins

On

8/10/05
Date

724-658-5554

Telephone Number

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of Person Filing Douglas H. Robbins | | File Number U- | |
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | |
| 8. Name and address of Business (including trade name, if any). Name: Teamsters #261 & Employers Welfare Fund Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: Suite B Street: 351 Northgate Circle City: New Castle State: PA ZIP Code + 4: 16105 | | 9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____ | | 11.a. Nature of such dealing. Reimbursement for expenses related to attending educational conference relating to Fund issues and administration (see attached expense voucher) <hr/> 11.b. Approximate dollar value of such dealing. \$2,641.77 12.a. Nature of interest held or income received. Reimbursement to Union Trustee or payments to third parties for Union Trustee's expenses attending educational conference on behalf of Employer Welfare Fund <hr/> 12.b. Amount. \$2,641.77 | |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____ | | 14.a. Nature of payment. _____ _____ _____ | |
| 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | | 14.b. Amount of payment. | |

Name of Person Filing

Douglas W. Robbins

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

UPMC HEALTH PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street *ONE CHATHAM CENTER 112 WASHINGTON PLACE*

City

PITTSBURGH

State

Pa.

ZIP Code + 4

15219

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Teamster Local 1 + Employees Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Suite B

Street

351 Northgate Circle

City

New Castle

State

Pa.

ZIP Code + 4

16105

11.a. Nature of such dealing.

Health + Welfare provided to the Trust fund

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

Self outing including lunch + dinner

12.b. Amount.

\$200.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

| | |
|-----------------------------------------------|----------------|
| Name of Person Filing <u>James H. Rithers</u> | File Number U- |
|-----------------------------------------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Yanni + Company Investments
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: _____
 Street 420 Fort Duquesne Blvd.
 City Pittsburgh
 State Pa. ZIP Code + 4 15222

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trustees Govt 261 + Employers Welfare Fund
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: Suite B
 Street 351 Northgate Circle
 City New Castle
 State Pa. ZIP Code + 4 16105

11.a. Nature of such dealing.

Money Manager for Trust Fund

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

Golf outing + breakfast at Stonewall Jackson
value \$91.11
Golf at Old Stonewall value \$132.50
\$223.61

12.b. Amount.

\$223.61

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

| | |
|------------------------------------------------|----------------|
| Name of Person Filing <u>Alvin W. Robinson</u> | File Number U- |
|------------------------------------------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8. Name and address of Business (including trade name, if any). Name <u>Highmark Blue Cross/Blue Shield</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>Fifth Avenue Place</u> Street <u>120 Fifth Avenue</u> City <u>Pittsburgh</u> State <u>Pa.</u> ZIP Code + 4 <u>15222</u> | 9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>Terrebonne South 1261 + Employees Welfare Fund</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>Suite B</u> Street <u>351 Northgate Circle</u> City <u>New Castle Pa.</u> State <u>Pa.</u> ZIP Code + 4 <u>16105</u> | 11.a. Nature of such dealing. <u>Health & Welfare provider to Trust</u> 11.b. Approximate dollar value of such dealing. <u>Unknown</u> 12.a. Nature of interest held or income received. <u>Self Cutting approx \$150</u> 12.b. Amount. <u>Est. \$150.00</u> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14.b. Amount of payment. <div style="border: 1px solid black; height: 30px; width: 100%;"></div> |

| | |
|-----------------------------------------------|----------------|
| Name of Person Filing <i>Alvin V. Robbins</i> | File Number U- |
|-----------------------------------------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

9. Business deals with:

- ☐ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

12.b. Amount. _____

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name *Yanni Portnois*
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street *310 Grant Street*
City *Pittsburgh*
State *Pa.* ZIP Code + 4 *15219*

14.a. Nature of payment.

*Golf Outing, Golf Bag +
Buffet dinner
approx value \$ 275*

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

Est. \$ 275.00

DOUGLAS H. ROBBINS
89 NORA STREET
CLARK, PA 16113

August 11, 2005

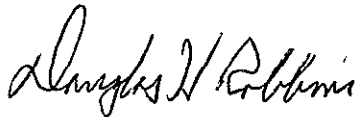
U.S. Department of Labor
ESA / OLMS, Room N – 5616
200 Constitution Avenue, N.W.
Washington, D.C. 20210

Dear Sirs:

The transactions, dealings and interests that are reported in the attached form represent my good faith effort to reconstruct any reportable occurrences for the calendar year 2004. Some items may have been unintentionally omitted.

If, in the future it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended form LM30.

Very Sincerely,

A handwritten signature in black ink, appearing to read "Douglas H. Robbins". The signature is written in a cursive, flowing style.

Douglas H. Robbins